

FILED NOV 30 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 37511

0501

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 89

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Festus</u>                           |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Festus</u> 0501  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>(If not in hospital or institution, give street address or location) |  | d. STREET ADDRESS (If rural, give location)<br><u>117 Frisco</u>  |  |

|  |                                  |  |                       |  |  |   |
|--|----------------------------------|--|-----------------------|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | a. (First) <u>Andrew</u>   | b. (Middle) <u>J.</u> | c. (Last) <u>Rigdon</u>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov.</u> <u>14</u> - <u>1950</u> |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |                       | 8. DATE OF BIRTH<br><u>July 29-1881</u>                              |  | 9. AGE (In years last birthday)<br><u>69</u>    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Grocer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |                       | 11. BIRTHPLACE (State or foreign country)<br><u>River Aux Vasses</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>Louis Rigdon</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Julia Garro</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Grace Bauer Rigdon</u>               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.                         |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Lawrence Rigdon Festus Mo.</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrrosis of liver</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6-8 wks</u><br><br><u>5810</u><br><br><u>6-8 weeks</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>None</u>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from Oct 22, 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE<br><u>W. E. Fern</u> (Degree or title) <u>M.D.</u>         |  | 23b. ADDRESS<br><u>Hercelemum, Mo.</u>                    |  | 23c. DATE SIGNED<br><u>11/15/50</u>                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                |  | 24b. DATE<br><u>Nov. 16-1950</u>                          |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Festus Catholic Cem</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Crystal City, Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>H. S. Chingard</u> |  | ADDRESS<br><u>Festus Mo</u>                                      |  |

DATE REC'D BY LOCAL REG. 11-16-50 REGISTRAR'S SIGNATURE E. E. Hovins 444

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 11-22-58

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3010

P. O. Address. Festina mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.